

CV - 08 3759

CIVIL RIGHTS COMPLAINT
42 U.S.C. § 1983

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

Mario Drago
Full name of plaintiff/prisoner ID#

Plaintiff,

(NSI)

JURY TRIAL DEMAND
YES NO

-against-

(1) People STATE of N.Y.
(2) ARROW SECURITY

(3) DISTRICT ATTORNEYS office / (4) JUDGE ROBERT DOYLE

Enter full names of defendants

[Make sure those listed above are
identical to those listed in Part III.]

Defendants.

x

I. Previous Lawsuits:

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment? Yes () No (x)
- B. If your answer to A is yes, describe each lawsuit in the space below (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

1. Parties to this previous lawsuit:

Plaintiffs: _____

Defendants: _____

2. Court (if federal court, name the district;
if state court, name the county)

2440-06

3. Docket Number: 2006-10828

Rivehead

4. Name of the Judge to whom case was assigned: Robert Doyle

5. Disposition: (for example: Was the case dismissed? Was it appealed? Is it still pending?)
APPEALED

6. Approximate date of filing lawsuit: _____

7. Approximate date of disposition: _____

II. Place of Present Confinement: _____

A. Is there a prisoner grievance procedure in this institution? Yes () No (✓)

B. Did you present the facts relating to your complaint in the prisoner grievance procedure? Yes () No ()

C. If your answer is YES,

1. What steps did you take? _____

2. What was the result? _____

D. If your answer is NO, explain why not _____

E. If there is no prison grievance procedure in the institution, did you complain to prison authorities? Yes () No ()

F. If your answer is YES,

1. What steps did you take? _____

2. What was the result? _____

III. Parties:

(In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of plaintiff MARIO DRAGO

Address 43 EAST WALNUT ST CENTRAL ISLIP 11722

(In item B below, place the full name and address of each defendant)

B. List all defendants' names and the addresses at which each defendant may be served.
Plaintiff must provide the address for each defendant named.

Defendant No. 1

PEOPLE OF THE STATE OF N.Y.
200 CENTER DR CROMARTY Court
RIVERHEAD NY 11901 ^{Complex}

Defendant No. 2

JUDGE ROBERT DOYLE
Acting Supreme Court Justice
200 CENTER DR CROMARTY Court
RIVERHEAD NY 11901 ^{Complex}

Defendant No. 3

DISTRICT ATTORNEY office
SAME AS ABOVE

Defendant No. 4

ARROW SECURITY
60 KNICKERBOCKER AVE
Bohemian NY 11716

Defendant No. 5

[Make sure that the defendants listed above are identical to those listed in the caption on page 1].

IV. Statement of Claim:

(State briefly and concisely, the facts of your case. Include the date(s) of the event(s) alleged as well as the location where the events occurred. Include the names of each defendant and state how each person named was involved in the event you are claiming violated your rights. You need not give any legal arguments or cite to cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. You may use additional 8 1/2 by 11 sheets of paper as necessary.)

I WAS ARRESTED & INDICTED SEPT 6, 2006 IN COURT & NOT GIVEN THE RIGHT TO REPRESENTATION AFTER THE DISTRICT ATTORNEY OFFICE SENT PAPERWORK TO WRONG ADDRESS. & JUDGE DOYLE ISSUED BENCH WARRANT FOR NOT APPEARING IN HIS COURT BEFORE THE 6TH DAY OF SEPTEMBER. WHILE IN JAIL, I WAS FORCED BY THE DISTRICT'S ATTORNEY & LEGAL AID TO PLEA GUILTY IN ORDER TO GET MEDICAL ATTENTION & THE NECESSARY OPERATION NEEDED WHILE UNDER MY SURGEON'S CARE BEFORE BEING ARRESTED IN COURT. AFTER BEING RELEASED FROM JAIL MY BLOOD PRESSURE STAYED TOO HIGH FOR THE OPERATION & STAYED IN PAIN FOR 4 MONTHS BEFORE OPERATION COULD BE DONE.

IV. A If you are claiming injuries as a result of the events you are complaining about, describe your injuries and state what medical treatment you required. Was medical treatment received?

MENTAL STRESS, LOSING MY JOB AT ARROW SECURITY AFTER PAYMENT WAS BEING TAKEN OUT OF MY PAY EACH WEEK TO REPAY UNEMPLOYMENT FOR NOT UNDERSTANDING THEIR BENEFIT PROCEDURE OF MONEY HE WAS ENTITLED TO BY LAW. AND AFTER BEING AN UNCERTAIN JOB OF VERY LOW PAY AT ARROW SECURITY WHILE TRAINING. I ALSO LOST THE AMITYVILLE SCHOOL DISTRICT JOB THAT I JUST OBTAINED WHILE WORKING FOR ARROW SECURITY AFTER ARROW SECURITY STOP PAYING UNEMPLOYMENT OUT OF MY PAY.

I NEEDED A HERNIA OPERATION WHILE WORKING FOR B.J. & BEING INDICTED & INCARCERATED & WAS DENIED MEDICAL ATT IN JAIL.

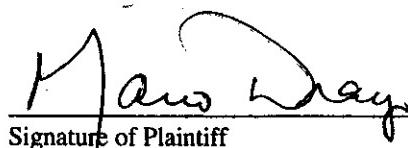
V. Relief:

State what relief you are seeking if you prevail on your complaint.

1. MONEY DAMAGES
 2. OVER TURN THE INDICTMENT
 3. DISMISS CRIMINAL CHARGE
-
-
-
-
-

I declare under penalty of perjury that on 9/14/08, I delivered this
(Date)
complaint to prison authorities to be mailed to the United States District Court for the Eastern
District of New York.

Signed this Sept day of 14, 2008. I declare under penalty of
perjury that the foregoing is true and correct.


Signature of Plaintiff

Name of Prison Facility

43 EAST WALNUT ST
CENTRAL ISLIP 11722

Address
Suffolk N.Y.

631- 882- 4160

Prisoner ID#